

Congregation Shirat Hayam  
P.O. Box 2727  
Duxbury MA 02331  
781-582-2700

SCHOOL REGISTRATION FORM

Student's Name \_\_\_\_\_

Grade in Public School \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

Home Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

